	GAST	ON CO	OUNTY BUDGET CHANGE REQUEST	
TO:	c: Dr. Kim S. Eagle		COUNTY MANAGER	
EDOM:			operative Extension	
FROM:	Dept. #		partment Name	
	David Fogarty		8/30/19	
	Department Director	r's Name		
			- 4.0	
TYPE OF REQUE	ST:			
Line Item Transfer Within Department & Fund Line Item Transfer Between Funds *				
Project Tr	ansfer Within Departmen	t & Fund	X Additional Appropriation of F	-unds *
Line Item Transfer Between Departments* * Requires resolution by the Board of Commissioners				
			ACCOUNT NUMBER	AMOUNT
ACCOUNT DESCRIPTION			Fund - Function - Dept - Division - Object - Project	Whole Dollars Only
(As it appears in the budget)			XXX - XX - XXXX - XXXX - XXXXX - XXXXXX	(See Note Below)
Donations			010-07-4950-4950-415001	[5,000]
Master Gardner Program			010-07-4950-4950-560000-17243	5,000
ILISTIFICATION I	EOD DEOLIEST:			
JUSTIFICATION FOR REQUEST: This \$5,000 donation from the Gaston Community Foundation will fund the operations of Cooperative Extension's				
educational greenhouse at the Citizens Resource Center. The greenhouse will be managed primarily by Extension				
Master Gardener Volunteers to conduct educational programs and to raise plants for Extension programs, such as the				
Healthy Harvest School Gardening program.				
Note: Decresses	in expenditures & inc	rreases i	in revenue accounts require brackets. Increases in o	menditures & decreases in
Note: Decreases in expenditures & increases in revenue accounts require brackets. Increases in expenditures & decreases in revenue do not require brackets. Please note that transfers between funds require interfund transfer accounts.				